2017 - 02 - 28 - 03 - 00142882

FEC FORM 1

STATEMENT OF **ORGANIZATION**

2017 FEB 28 AM 11: 25

| | | | | Office Use Only | |
|---|--------------------------------|----------------------------|--|---|--|
| NAME OF COMMITTEE (in full) | | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 /2 3 | |
| VIOITIEI ICIOILILI | ฝเรเ | 12101210111 | | | |
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| ADDRESS (number and street) | 25 | 34 ISTIAIT | IEI ISITI PIEI EITA | | |
| (Check if address is changed) | | | | | |
| | SIA | INT DITTEGO CITY.A | | STATE A ZIP CODE A.+ | |
| COMMITTEE'S E-MAIL ADDR | ESS | | | | |
| (Check if address is changed) LINIFICION TOTTE COLLINIS 2 612 61 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| | Optional Second E-Mail Address | | | | |
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| COMMITTEE'S WEB PAGE AN (Check if address is changed) | مسا | سراخالا ا ۱۵۱۷ الرباع | N18121012101.1016 | <u>« </u> | |
| 2. DATE 0 2 / | ỷ ' | žoja C | 111 31 | CT = 1 | |
| 3. FEC IDENTIFICATION NUMBER > 12 000 051139 | | | | | |
| 4. IS THIS STATEMENT | X NI | EW (N) OR | AMENDED (A) | | |
| I certify that I have examined | this State | ement and to the best | t of my knowledge and belie | of it is true, correct and complete. | |
| Type or Print Name of Treasur | er | JOE COLLINS | <u> </u> | | |
| Signature of Treasurer | | (69) | 3 | Date 02 14 7017 | |
| NOTE: Submission of false, erro | | | may subject the person signing | ng this Statement to the penalties of 52 U.S.C. §30109 D WITHIN 10 DAYS. | |
| Office Use Only | | | For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100 | nission FEC FORIVI I | |

| This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | |
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| State O.C. | | | | |
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| (Democratic, Republican, etc.) Party | | | | |
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| nected organization is a | | | | |
| Labor Organization | | | | |
| Cooperative | | | | |
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| gregated fund or party | | | | |
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| FEC Form 1 (Rev | rised 02/2009) | Page 3 |
|---|---|-------------------------------|
| Write or Type Committee | Name | |
| | · · · · · · · · · · · · · · · · · · · | ****** |
| 6. Name of Any Connec | cted Organization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: | nected Organization Affiliated Committee JJoint Fundraising Representative | e Leadership PAC Sponso |
| Custodian of Records books and records. | s: Identify by name, address (phone number optional) and position of the person | on in possession of committee |
| Full Name IIo | DIEI IEIDINIAIRIDI ICIDILILIINS ITTITI | |
| Mailing Address | 1101512 DELLIMARIANIE | 1 |
| | <u> </u> | |
| | CHULLA IVIISITIALI III CIA | 91191111-111 |
| Title or Position | CITY STATE | ZIP CODE |
| CIAINIDILIDIAT | TIEIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | 81-17991-91138 |
| | me and address (phone number optional) of the treasurer of the committee; an (e.g., assistant treasurer). | nd the name and address of |
| Full Name of Treasurer | DIETTEDIMARIO ICIOILLITAS ITTITI I I I I | |
| Mailing Address | LIOSIZI IDEILI IMARI AVIELILI | |
| | · [] | |
| Tille as Basilias | CIHIUILIA IVINSTIA IIII CIA STATE | ZIP CODE |
| Title or Position | TiE Telephone number 2.5 | & - 759 - 9.13 <i>8</i> |

CITY

STATE

ZIP CODE

Mailing Address

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

| The FEC added this page to the end of this filing to indicate how it was received. | | | | |
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| Hand Delivered | Date of Receipt | | | |
| Postmarked USPS First Class Mail | Date of Receipt | | | |
| USPS Registered/Certified | Postmarked (R/C) 2/23/2017 | | | |
| USPS Priority Mail | Postmarked | | | |
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| Postmark Illegible | | | | |
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| Overnight Delivery Service (Specify): | Shipping Date | | | |
| Ne | ext Business Day Delivery | | | |
| Received from House Records & Registration C | Date of Receipt Office | | | |
| Received from Senate Public Records Office | Date of Receipt | | | |
| Received from Electronic Filing Office | Date of Receipt | | | |
| Other (Specify): | Date of Receipt or Postmarked | | | |
| naa O | 2/28/2017 | | | |
| PREPARER /// | DATE PREPARÉD | | | |

(3/2015)